



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Education and Certification
Old Capitol Building
PO BOX 47200
OLYMPIA, WA 98504-7200
(360) 725-6400 TTY (360) 664-3631

ANNUAL ASSURANCE OF COMPLIANCE FORM

FOR APPROVAL BETWEEN OCTOBER 1, 2006, AND SEPTEMBER 30, 2007

INSERVICE APPROVAL AND RECORDKEEPING

NAME OF INSERVICE AGENCY
ADDRESS
CITY/STATE/ZIP

Is your agency:

a) a non-profit organization? ☐ Yes ☐ No

b) a regionally accredited college/university? ☐ Yes ☐ No

c) an ESD, state or federal agency? ☐ Yes ☐ No

NAME OF CHIEF ADMINISTRATIVE OFFICER OF AGENCY
TITLE
NAME OF AGENCY INSERVICE DESIGNEE (responsible for required recordkeeping according to WAC 180-55-205)
TITLE
MAILING ADDRESS (if different from above)
CITY/STATE/ZIP

TELEPHONE NUMBER ()
E-MAIL ADDRESS
TELEPHONE NUMBER ()
E-MAIL ADDRESS

ASSURANCE

I, _____, certify that the above-named agency complies with the Continuing Education Program Approval Standards and required recordkeeping regulations, specified in Professional Certification Continuing Education Requirement, Chapter 180-85 WAC, and that written records for each program standard shall be maintained and be available for OSPI inspection for a period of seven (7) calendar years from the date of each inservice program offered.

SIGNATURE OF CHIEF ADMINISTRATIVE OFFICER

DATE

RETURN TO: Laura Gooding
Professional Education and Certification
Office of Superintendent of Public Instruction
Old Capitol Building
PO BOX 47200
OLYMPIA WA 98504-7200

THIS FORM MUST BE RETURNED BEFORE JULY 15, 2006, TO OBTAIN APPROVAL.